

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90096 003 ***150.00



DOCUMENT # F94000003392

1. Entity Name
GLENN CLARK, M.D., P.C.

Principal Place of Business
~~PO BOX 798~~
~~MARIANNA FL 32447-0798~~

Mailing Address
4542 OAKWOOD DR
MARIANNA FL 32446

2. Principal Place of Business
4542 Oakwood Dr
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Marianna, FL

City & State

4. FEI Number **63-0718422**

Applied For
Not Applicable

Zip **32446-6578** Country **USA**

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, GLENN L
4542 OAKWOOD DR
MARIANNA FL 32446

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Glenn L Clark Glenn L. Clark, President, Glenn Clark, M.D., P.C. DATE 4 Jan 03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	CPVS CLARK, GLENN L	4542 OAKWOOD DR	MARIANNA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	CPVS CLARK, GLENN L	4542 OAKWOOD DR	MARIANNA, FL 32446	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	CLARK, GEORGE R.	4542 OAKWOOD DRIVE	MARIANNA, FL 32446	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	CLARK, ADAM M.	4542 OAKWOOD DRIVE	MARIANNA, FL 32446	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenn L. Clark DATE 4 Jan 03 850-526-2200 x1180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)